Reporti	ing Period:					
	Facility Info	rmation (Pl	ease m	ake corrections directly on this form.)		
	Operator's N	Name:				
	Facility Nam	ne:				
	Facility Add	ress:				
Instructio tems tha	ns: Use this for t need to be in	orm to keep tr nspected belo	ack of w w (refer	eekly visual inspections of your process wastewater and storm water co to your Engineered Waste Management Plans).	ntainment structu	res. List the
containm problems	ent structures were found,	 Provide the use the "No 	followin tes" col	ng table by filling out one row each week when you inspect your process g information: date of inspection, initials of the person performing the insumn to describe problems, if you find any, and how they were fixed fill in the "Date Corrected" column with the date when you corrected the	spection, check "one of the control	OK" box if no
Week	Date	Initials	ОК	Notes (Note any problems found and how problems were remedied)	Waste Pond Freeboard ¹	Date Corrected
1						
2						
3						

4

¹ Freeboard is the elevation difference between the wastewater (liquid) level in the pond and the lowest point of the pond embankment before it can overflow.

Reporti	ng Period:					
Facility	Name:				Waste	
Week	Date	Initials	OK	Notes (Note any problems found and how problems were remedied)	Pond Freeboard ¹	Date Corrected
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Reportir	ng Period:					
Facility	Name:				Waste	_
Week	Date	Initials	ОК	Notes (Note any problems found and how problems were remedied)	Pond Freeboard ¹	Date Corrected
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
		ı	ı	1	1	1

Reporti	ng Period:						
Facility Name:		Notes			Waste Pond Dat		
Week	Date	Initials	ОК	(Note any problems found and how problems were remedied)	Freeboard ¹	Date Corrected	
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							

CAFO Weekly Storm Water Management Structure Inspections Log Sheet

				Santa Ana Regional Water Quality Control Board		
Reportin	g Period:					
Facility N	Name:					
	_			Notes	Waste Pond Freeboard ¹	Date
Week	Date	Initials	OK	(Note any problems found and how problems were remedied)	Freeboard'	Corrected
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						

Reporti	ng Period:					
Facility	Name:			Waste		
Week	Date	Initials	ок	Notes (Note any problems found and how problems were remedied)	Pond Freeboard ¹	Date Corrected
45						
46						
47						
48						
49						
50						
51						
52						